Caretech Community Services (No.2) Limited

Caretech Community Services (No 2) Limited - 22 Prices Avenue

Inspection report

22 Prices Avenue
Cliftonville
Margate
Kent
CT9 2NT

Tel: 01843293927

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 November 2017 and was unannounced.

22 Prices Avenue is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

22 Prices Ave is registered to accommodate care and support for up to six people in one building. At the time of the inspection there were six people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were supported to live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

At the last inspection in October 2016 we found breaches of the legal requirements. We asked the provider to complete an action plan to show what they would do and by when to improve consent to care and treatment; preventing, detecting and controlling the spread of infections, effective systems to regularly assess and monitor the quality of service and ensuring there were sufficient numbers staff deployed in order to meet people's needs. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found the breaches in the regulations had been met.

There were sufficient staff deployed to support people at all times. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. Some decisions were made in people's best interests with people who knew them well. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the relevant supervisory body in line with guidance.

Improvements had been made to the environment and further decoration of communal areas was due to start soon. The service was safe internally and externally. People were all able to freely access all communal areas of the service. The environment suited the people who lived at 22 Prices Avenue. The service was clean and there were measures in place to prevent the risk of infection. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make

sure it was working.

Safeguarding incidents were recorded and these showed how the provider had worked with the local authority safeguarding team to investigate incidents that had occurred. Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff. Accidents and incidents were recorded and analysed for themes and patterns, and appropriate action was taken to reduce risks. Lessons had been learnt when things went wrong.

People said and indicated that they were satisfied and happy with the care and support they received. People received care that was personal to them. People, and those close to them, were involved in planning and reviewing their care and support.

People were involved in activities which they enjoyed and were able to tell us about what they did. Planned activities took place regularly and there was guidance for staff on how best to encourage and support people to develop their interests, skills and hobbies. Staff supported people to achieve their personal goals. People were being supported to develop their decision making skills to promote their independence and have more control about how they lived their lives. Some people accessed the community independently as they wished.

Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. Staff had a clear understanding of people's individual needs, preferences and routines. People were involved as fully as possible in decisions about the care and support they received. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly.

External healthcare professionals had worked with staff in managing risks that had been identified. The staff worked with a range of healthcare professionals. If people were unwell or their health was deteriorating staff contacted their doctors or specialist services so they could get the support they needed. The staff worked with the local safeguarding team, care managers and with commissioners who funded people's care and support. They also worked with local charities to offer voluntary work for people and people raised funds for charities.

Some people had thought about the support they wanted at the end of their lives and this had been recorded. The registered manager was working with others and people's families to make sure people's wishes at the end of their lives were respected and implemented.

People were given choices about the meals and drinks they received and were involved in shopping and preparing their meals if they wanted to. People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet.

There had been no new people at the service for a long time and there were no plans for any new admissions. But if a new person was thinking about coming to live at the service their support needs would be assessed by the registered manager to make sure they would be able to offer them the care that they needed. The staff worked in line with current legislation. People were treated fairly and equally.

People received their medicines safely and when they needed them. They were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Temperatures of the medicine cupboard where stocks of medicines were stored were not consistently taken. This was rectified on the day of the inspection.

The complaints procedure was on display in a format that was accessible to people. People and staff felt confident that if they made a complaint they would be listened to and action would be taken.

Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supervised, monitored and supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The registered manager had good oversight of everything that happened at the service. They promoted the ethos of the service which was to give personalised care and support to people and to support people to achieve their full potential and be as independent as possible.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out by the registered manager and the quality assurance manager from the company's head office. The audits had identified any shortfalls and action was taken to make improvements.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Staff told us that the service was well led and that the registered manager was supportive and approachable. There was a culture of openness within 22 Prices Avenue which allowed people, relatives and staff to suggest new ideas which were often acted on. Records for each person were accurate and complete and stored securely.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of significant events at the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating at the service and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Risks relating to people's care and support were assessed and mitigated. The service was clean and people were protected from infection. The premises was safe.

There was enough staff to keep people safe. Staff were recruited safely.

Medicines were managed safely.

Staff knew how to recognise and respond to abuse.

Improvements were made when things went wrong and lessons were learnt.

Is the service effective?

Good

The service was effective

Assessments, care and support reflected current evidence-based guidance, standards and best practice.

Staff training and supervision was effective in equipping staff for their roles.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions, considering less restrictive practices and in people's best interest.

People had access to healthcare services and support.

People were provided with a suitable range of food and drink.

The environment was suitable and met people's individual needs.

Is the service caring?

Good

The service was caring.

Staff had built up strong relationships with people. People were cared for by staff who showed kindness and compassion.

People were encouraged to be as independent as possible and make their needs known. Staff were knowledgeable about people's individual needs

Staff treated people with dignity and respect and independence was promoted.

Is the service responsive?

Good

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

People received opportunities to share their views to further develop the service. There was a complaints procedure available and people felt confident to complain and said their complaints would be listened to.

People were in the process of being supported to plan the care they wanted at the end of their life.

Is the service well-led?

Good

The service was well-led.

There was an inclusive culture and people were involved in all aspects of the service. Staff shared the provider's vision of a good quality service

Regular checks were completed on the quality of the service and action was taken to remedy any shortfalls.

People, their relatives, staff and visiting professionals shared their views and experiences of the service and these were acted on.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Staff worked with other agencies to ensure people's needs were met.	

Caretech Community Services (No 2) Limited - 22 Prices Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 10 November 2017 and was unannounced. The inspection team consisted of one inspector; this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During our inspection we spoke with or communicated with the six people living at the service. We spoke with the registered manager, a senior carer, two support workers and an agency member of staff. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for four people. We also looked at staff duty rosters, training records, three recruitment files, health and safety checks for the building minutes of staff and residents meetings and policies and procedures relating to the service delivery and management. We observed the care and support people received. We looked at their medicines records and observed people throughout the visit.

We contacted visiting professionals who had contact with service and out-side organisations that provide regular activities for people.

Good

Is the service safe?

Our findings

People said that there was enough staff to give them support that they needed and do the activities that they had chosen.

At the last inspection there was only one member of staff on duty at night to make sure people were safe and were receiving the care and support that they need during this time. At this inspection improvements had been made. The registered manager had reassessed the dependency of people and there were now two staff on duty throughout the night. Both were waking night staff. Staff said that this was a much better arrangement as they felt that people had more support if they needed it and if it was quiet at night they could get on and do other tasks, like cleaning the communal areas of the service.

The registered manager was in the process of recruiting new staff. There were enough staff on duty to meet people's needs and to ensure their safety. Staff worked either early or late shifts and an extra member of staff was deployed to do a mid- shift from 9:45 – 15:45 to support peoples' appointments and activities. Permanent staff told us that they picked up any shortfalls such as staff holiday and vacancies and agency staff were also used if there was a shortfall in staffing numbers. When possible the same agency staff were used. When it was necessary the registered manager stepped in to work shifts so people received the care and support that they needed. The staff duty rota confirmed that there was consistent numbers of staff available throughout the day and night. On the day of the inspection there were enough staff on duty to support people with all their personal needs and activities.

At the last inspection there were concerns with the hygiene and cleanliness of the service. At this inspection improvements had been made. New furniture for the lounge had been purchased and people had been involved in choosing what they wanted. The shelving and skirting boards were clean. The laundry room was clear of any soiled clothing and clothes waiting to be washed were stored in people's separate washing bags. All mops were stored outside on separate hooks. Mops and buckets were colour coded so staff knew which mop and bucket was to be used in each area of the service. People told us that staff helped them clean their rooms and keep them tidy.

Risks to people had been identified and assessed and guidelines to reduce risks were available and clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy, or at risk from choking when eating or drinking. Other people sometimes displayed behaviours that could be challenging. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Staff were confident about what to do in these risky situations. Other risks had been assessed in relation to the impact that the risks had on each person. At the last inspection it had been identified that some people were at risk of their skin becoming sore and there had been no risk assessment or plan in place to help prevent this from happening. At this inspection improvements had been made and risk assessments were in place. There was special pressure relieving cushion and mattresses in place. Cream was regularly applied to people's skin to keep it as healthy as possible.

Accidents and incidents were recorded and analysed for any themes and patterns. When incidents had

occurred staff had taken appropriate steps to reduce further risks. Staff had learned lessons when things had gone wrong, for example a small fire had occurred and steps had been taken to prevent re-occurrence.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. There was information readily available for staff about what to do in unsafe situations, such as if there was a gas leak. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency. Risk assessments were in place for hot surfaces and for when floors were wet.

Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs if there was anything wrong through their behaviours and body language. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff spent time with them to find out what was the matter. People were happy, smiling and relaxed with the staff. People approached staff and were able to let them know when they wanted something or when they wanted to go somewhere. Staff responded immediately to their requests.

One person said, "If I have a seizure the staff look after me. That makes me feel safe". Out-side agencies who visited the service regularly had no concerns and said that people were safe living at Prices Avenue.

People were protected from the risks of abuse and discrimination. The registered manager referred to the local safeguarding authority for advice when needed. Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from abuse. Staff said if they had any concerns they would report directly to the registered manager and they were confident the registered manager would take action. The registered manager had acted promptly when incidents had previously happened. Staff knew who to report incidents of abuse to out-side the organisation they worked for. Records showed that staff had received appropriate safeguarding training and had access to the provider's and local authority policy and procedure on safeguarding adults. Safeguarding incidents had been reported to the relevant agencies when they occurred and the registered manager took appropriate action. People were treated equally and fairly. People's views were listened to and acted on.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely. People could access the money they needed when they wanted to. Some people managed their finances independently.

People told us they had their medicines when they need it. One person told us, "I thought about taking my medicines myself but I decided it was safer for the staff to do it".

Staff knew about the medicines held at the service and their potential side effects. Staff were able to tell us about the different medicines and what they were for. There was reference material for staff to look up important things about medicines, such as side effects so they could act quickly if they noticed any reactions. Medicines were disposed of appropriately. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as

competent. Their competency was checked regularly.

People received the medicines they needed when they needed it. Each person had an individual medication record chart showing their personal details. Each person's medicines and their medicines administration records (MARS) were stored in an appropriate locked cupboard in their bedrooms. The medicines were accessed safely, at the times they were prescribed, by staff and given to people. Medicine records were fully completed and there were no gaps, showing staff consistently gave people their medicines correctly. The temperature of the medicines cupboards were checked daily. Stock medicines were stored safely in a separate place. However the temperature where the stock medicines were stored had not been consistently recorded to make sure the medicines remained effective. The registered manager took immediate action to address this. The temperature was taken and was within the required limits. A temperature log was introduced to make sure that this was not overlooked in the future. Some people needed to have their skin creamed to keep it as healthy as possible. Staff were signing their MARs to show that the creams had been applied, but there was no body map available to show staff were the cream needed to be applied. When we spoke to staff they told us where they applied the cream. The registered manager rectified this shortfall.

Some people were given medicines on an 'as and when basis'. There was written guidance for each person who needed 'as and when' medicines. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

Staff were recruited safely. Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history and written references. Each person had proof of identity on file with a photo. Disclosure and Barring Service (DBS) criminal records checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Good

Is the service effective?

Our findings

At the last inspection there were shortfalls with regards to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS). At this inspection improvements had been made.

Staff asked people for their consent before they provided care and support. If people refused something this was recorded and respected. During our visit one person decided they did not want a shower that day. The staff respected the person's decision and it was agreed the person would have a shower the following day. One person had made the decision to have a 'lie in' and had requested a cup of tea in bed. The staff responded to their wishes. Another person told us how their funding authority had suggested they move into a more independent living service. They told us that with support of the staff they had said, 'No' and their decisions had been respected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as much as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to make sure the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty being met

Staff had received training about the MCA and understood their responsibilities under MCA. They told us how they enabled people to make choices and decisions about their daily care and support, such as when they got up and where they spent their time. We observed staff doing this.

If people lacked capacity staff followed the principles of the MCA and staff made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest, including advocates. One person needed a special investigation to help with a medical diagnosis. A best interest meeting was being organised with all involved to decide whether or not this was the right decision for the person who had been assessed as not being able to make the informed decision themselves.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. One application had been granted and other applications were still under review.

At the last inspection in October 2016 concerns were identified about the environment. After this inspection the provider told us they had addressed the issues. At this inspection we checked that improvements had been made and we found that they had. The window in the bathroom had been repaired and the flooring

and fixtures and fitting had been replaced. The outside of the house had been painted. The garden fence had been mended and the outside gardens had been improved. The rubbish had been removed and the area had been made safe for people to use.

People and staff were proud to tell us that in September 2016 they had won the 'Blooming Marvellous' competition arranged by the provider by changing the garden in to a more accessible garden for people. They received a £1000 for this achievement which had been spent on things that the people had chosen like a karaoke machine and disco lights. Electronic tablets had also been purchased to aid people with their communication and independence.

The staff were in the process of decorating a person's bedroom and the person had chosen the colour and there were plans to paint a mural of trains on the wall as that what was the person liked and had chosen. The laundry room was still in need of upgrading and at the time of the inspection this had not been done. After the inspection the registered manager informed us that the refurbishment had taken place and the laundry room was now safely accessible to people so they could go in there and do their own laundry. Plans were in place to decorate the dining area.

People told us they thought the staff were good and knew what they were doing. Staff said that they got the support and training they needed and felt confident in their roles and abilities.

Staff told us, "The training is good. We get the training we need". "The manager gives us support" and "We can always ask for help if we need it".

The staff team knew people well and knew how they liked to receive their care and support and what activities they enjoyed. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction training programme which included competency tests to make sure they understood the training and were gaining the skills in their new role.

The induction included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The Care Certificate is a set of standards that health and social care workers are expected to adhere to. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. The registered manager had a training matrix to monitor staff training and updates. They had identified any gaps in training and had taken action to make sure staff completed the training. As well as the basic training staff had also completed other courses such as medicine and mental capacity training, person centred care, epilepsy, autism and nutrition. Agency staff told they had received an induction to the service when they first started working there. Staff delivered person-centred care to people. People's diversity was considered at all times. People did different activities; people's individual cultural and religious needs were discussed and supported.

The registered manager regularly checked staff competencies for areas like medicines and infection control. The registered manager had recently checked and observed that staff were undertaking the correct hand washing procedures to reduce and limit the spread of infection.

Staff told us if they had any concerns or issues they could approach the registered manager at any time. Staff said that they could trust and rely on the registered manager to support them. They said the registered manager always listened, took them seriously and took action to try and resolve or improve the situation.

Staff told us they received supervision regularly. Records confirmed the supervision meetings had taken place. Staff had an annual appraisal which identified their development and training needs and set personal objectives. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns they had about caring and supporting people, and gave them the support they needed to do their jobs more effectively. There were regular staff meetings to encourage staff to be involved in the service and have the opportunity to raise concerns and new ideas.

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. This included guidance from The National Institute for Health and Care Excellence (NICE) and the Mental Capacity Act. Staff received training in equality and diversity and this was incorporated into the everyday lives of people. People were treated fairly and as equals. People's differences were respected by the staff and each other. Positive behaviour support plans were being developed with support from the provider's positive behaviour support team. Staff were recording and analysing triggers for behaviours and using the information to develop support plans for people.

There had been no recent admissions to the service and at the time of the inspection there were no vacancies. However, the provider had procedures in place to assess people before they came to live at the service. The assessment covered all aspects of the person's needs. The
initial assessment was used as the basis for the person's care plan. The registered manager understood the need to base people's care and support on best practice.

Visiting professionals told us that sometimes when they made suggestions about people's care and support the staff did not always act quickly and follow advice. However, they said that this had improved recently. We found that the registered manager had acted quickly when people's needs had changed and had contacted the relevant health care professionals. They told us when a person's mental health had started to deteriorate they contacted the specialist services and increased the support the person was receiving.

Staff had a good knowledge of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People told us that they saw the doctor, the dentist and the opticians regularly.

People's health was monitored, each person had a 'My keeping healthy plan' and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. If a person was unwell their doctor was contacted and people were supported to attend appointments. When people had to attend health care appointments, with doctors, nurses and other specialists they were supported by staff that knew them well and would be able to help health care professionals understand their needs. In addition people had 'Hospital Passports'. This document provided hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. For people who were unable to communicate using speech their care plans explained how they might use behaviour and to communicate if they were feeling un-well.

One person had lost weight and this had been investigated. Medical tests and investigations had been undertaken. The speech and language therapist and community nurses had been involved. Changes had been made to their diet and they were now gaining weight again. The staff monitored the person's weight

weekly to make sure any weight loss would be picked up quickly so action could be taken quickly.

People said and indicated the meals were good and they could choose what they wanted to eat at the times they preferred. People were involved in shopping for they food they wanted. Staff were aware of what people liked and disliked. The menu was displayed in the dining room in a format that people could understand. Care plans showed that people's dietary and nutritional needs had been assessed and planned for. These plans showed that consideration of people's diverse tastes was also given in menu planning. Care plans gave good detail about the food people enjoyed. People were offered choice around their meals and drinks and could freely access the kitchen. People could help themselves to drinks and snacks when they wanted to. Staff positively supported people to manage their diets and drinks to make sure they were healthy. Some people helped prepare their own meals. People often went out to eat in restaurants and local cafés.

If people were not eating enough they were seen by the specialist and their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible. Special diets were catered for. Staff prepared fortified foods with additional calories and meals for people who needed them. The amount of food and drinks some people was monitored closely to make sure they were having sufficient calories and fluids to keep them as healthy as possible.

Good

Is the service caring?

Our findings

Most of the people at the service had lived there for many years. They said they were very happy living at 22 Prices Avenue. People told us, "I've lived here for long time. I want to stay here. I don't want to be anywhere else. The staff are always kind and listen to what I have to say". People told us that they were involved in their care and decisions about their treatment. Information was provided in accessible formats, to help people understand the care and support that was available to them. People were supported to have a 'voice' and say when they thought things were not right. People were taken seriously and listened to.

People said and indicated that they were happy at the service. They were relaxed in the company of staff. They were able to let staff know what they wanted and staff responded in a caring and positive way.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people's preferences and how to communicate with them effectively. Staff spoke with people, and each other, with kindness, respect and patience. People looked comfortable with the staff. Staff supported people in a way that they preferred and had chosen. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. People used different communication methods to express themselves. This included, British Sign Language, Makaton another form of sign language and objects of reference. Objects of reference are where an object is used that symbolises the chosen activity. Staff were able to interpret and understand people's wishes and needs, through noises, gestures and body language, and supported them in the way they wanted. There was a staff picture board in place so people knew which staff were on duty on a daily basis and they knew which staff would be supporting them.

Each person had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were a member of staff who the person got on well with and were able to build up a good relationship. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for.

Some people were able to tell us who their key worker was. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were meetings to discuss what people wanted for their meals and what they wanted to do now and in the future. People said that they liked the staff team that supported them and that they were able to do as much as possible for themselves. For example, preparing drinks and meals, laundry and shopping. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities.

People's privacy and dignity was maintained. Staff explained to people about what they were doing before they carried out each personal care task. Staff took care to ask permission before intervening or assisting people. Staff spoke with people in an inclusive, friendly and pleasant way. Staff respected people's privacy.

People spent time in their bedrooms if that was what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. If they wanted people could lock their bedrooms and had a key. Some people had chosen to do this others had decided to leave rooms unlocked. People who could go out and about on their own had a key to the front door. People's autonomy and independence was promoted.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Some people relatives supported them to make important decisions. People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service.

Staff spoke with people, and each other, with kindness, respect and patience. People looked comfortable with the staff. People chatted and socialised with each other and with staff and looked at ease. Staff supported people in a way that they preferred and had chosen. The atmosphere was calm and relaxed. Staff responded appropriately when people appeared to become anxious. Staff spoke calmly and reassured them.

Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time and what they wanted to do in the community. The approach of staff differed to meet people's specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests.

People's care plans and associated risk assessments were stored securely and locked away. This helped to make sure that information was kept confidentially.

Good

Is the service responsive?

Our findings

People told us they had everything they needed and were happy living at 22 Prices Avenue. People said the staff gave them the help and support to do as much as possible for themselves.

The people living at 22 Prices Avenue needed different levels of support with their personal care and health needs. Each person had an individual care plan which had been developed with them or their representatives. These were written to give staff the guidance and information they needed to look after each person in the way they preferred. Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. There was detailed information and clear guidance about all aspects of people's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking.

The plans documented people's likes and dislikes, and how they liked to spend their time. People's health and personal care needs were recorded in their individual care plans as well as their personal goals and aspirations for the future. Care was delivered in a way that suited them best.

People's preferences about how they received their personal care was individual to them. What people could do for themselves and when they needed support from staff was included in their care plan. Staff were responsive to people's individual needs. People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events.

One person's needs had recently changed and they required more staff support. The registered manager had applied to the person's funding authority for extra money to fund the persons extra support. In the meantime the person was getting the extra support that they needed from staff, which meant they were able to carry on with the activities they enjoyed.

People received the care and support they needed, in the way they wanted. Staff told us that some people's daily routines were very important to them, and they could become distressed if they were not followed. These were clearly documented in their care plan. Care plans contained details about people's specific preferences. Some people had visual impairments and their plan clearly stated how to support them for example, to make a cup of tea step by step.

People were supported to live active lifestyles. Some people were able to go out independently. There were clear guidelines in each person's plan of care to indicate how they needed to be supported with each activity and how many staff were needed to support them when out in the community.

Some people had completed courses at college. One person worked in a local charity shop, which they said they enjoyed. People regularly went swimming, to the cinema or went out and about in the local area. Goals for people were identified and worked towards. Staff were supporting people to develop their

communication skills. People who had previously had limited communication skills were now using British Sign Language and Makaton (another form of sign language). People were using electronic tablets and had progressed to using 'talking electronic' tablets to communicate with people. The registered manager told us that to get to this stage had taken two years but staff had persevered and had consistently supported people to achieve this goal.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. People decided what they wanted to do and when they wanted to do it. On the day of the inspection a person had indicated they wanted to go to the train station to see the trains. This was arranged and the person did what they had chosen.

An activities person who visited regularly told us, "As a service provider we feel that we are always kept up to date with information we need to know like the client preferences/ daily circumstances for example, a client not feeling well, or they might have a theme they've shown an interest in that they would like us to explore with them. We have found that the staff really nurture their ideas".

On a weekly basis an outside activities company visited people. They offered a range of different activities which people could chose and be involved in. Some people had music therapy; others had guitar lessons or art sessions. The activities company also provided an art group at a local church which some people attended. People's art work had been entered into a competition run by the company and their work was displayed for people to come and see. People were supported to attend religious services when they wanted to. People were involved in fund raising activities for charities. They had baked cakes and raised money for a charity.

People were encouraged and supported to do ordinary daily activities, like laundry, cleaning their rooms and shopping for themselves and for supplies for the service.

People had been on holiday during the year. People had chosen or were supported to choose were they went and if they wanted to go alone or with other house mates. Some people were a bit worried about going too far afield so more local breaks had been arranged so they could come back quickly if they wanted to. People said they enjoyed their holiday and were looking forward to planning the next one. There were photographs on display that showed activities people had participated in. People were laughing and having fun.

Some people were looking forward to Christmas and had done their shopping and put decorations in their room. The registered manager was going to book seats for a pantomime and people said they were excited and looking forward to Christmas.

There was a complaints procedure in place and this was accessible to people, relatives and any other visitors. People had information about how to make a complaint which was written in a format that people could understand. People said they would have no concerns about raising a complaint. People had made complaints to the registered manager. Their complaints had been taken seriously and action had been taken to resolve the issues. People had complained to the provider about the laundry room, stating that it needed upgrading so they could do their laundry safely. People had been listened to and the laundry room had been refurbished. People were happy with this. Complaints from people outside the service were dealt with according to the provider's policies and procedures.

People's wishes about the care they wanted at the end of their lives should they become unwell was recorded in some people's care plans but not in others. The registered manager had recognised this was an

area that needed improvement and said that they would be supporting people to think about what they wanted as they got older and at the end of their lives.

Good

Is the service well-led?

Our findings

At the last inspection the systems to regularly assess and monitor the quality of service that people received was not effective as it had not identified and addressed the issues that were found at the inspection. At this inspection improvements had been made.

The registered manager and staff audited aspects of the service monthly such as medicines, care plans, health and safety, infection control, fire safety, the environment and equipment. There were regular quality assurance checks under taken by the quality assurance manager from the provider's head office. These were unannounced. They used the Care Quality Commission methodology as a guideline for the audits and checks to ensure compliance with legislation. During their visit they looked at records, talked to people and staff and observed the care practice at the service. A detailed report was produced about all aspects of care and treatment at the service. It identified any shortfalls which were added to the service improvement plan so the registered manager could address the shortfalls and make improvements to the service. The last audit had taken place in September 2017. The reports were reviewed by the quality assurance manager at each visit to ensure that appropriate action had been taken.

There was a registered manager in post and they had been managing the service for three years. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to. People communicated with the registered manager in the way they wanted to. The staff said the registered manager always dealt with issues fairly. On the day of the inspection people and staff went to the registered manager whenever they wanted to. They sat for periods of time with the registered manager who chatted and involved them in what was going on.

There was clear and open dialogue between the people, staff and the registered manager. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to.

The registered manager was supported by locality manager and the managers of the providers other services met regularly to give each other support and discuss best practises about how they have dealt with situations. The provider had other teams of staff who supported individual services such as the positive behaviour support team.

The registered manager had spent time with staff and they had built a culture of transparency, supportiveness, fairness and openness. They were able to mentor and coach and observe the staff practise and address any identified issues. They had focussed on providing compassionate individualised care and support for people so that people could reach their full potential and interesting and active lives.

Staff from the service had been put forward for awards organised by the provider. They had won five awards

in total. For example, they won 'newcomer of the year', 'team player of the year' and an award for the staff member who had made real changes to people's lives. The staff member had consistently supported people to achieve and improve their lives. They had coached and taught people and staff to develop ways of communicating such as using British Sign Language which people had positively responded to. They had supported people consistently to do things they had not done before like making drinks and preparing meals. The staff member, with the support of the registered manager, had developed a culture of doing things 'with' people and not 'for' people.

People, relatives and visiting professionals were regularly asked for their views about the service. Their views were taken seriously and acted on. If any issues were identified they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright and if they wanted anything. There were regular meetings when people could air their views. People had links within the local community and regularly went to the local shops, café and restaurants. People attended the local doctor's surgery. There were also links with local charities and churches.

People, their relatives and stakeholders views about the service were also obtained through the use of survey questionnaires. These were analysed and actioned to drive improvements to the quality of the service. The last survey had been completed in May 2017. The analysis of the survey overall was positive. Areas for improvement had been identified such as the external and internal appearance of the service and the garden. Improvements had been made in both these areas. The outside of the house had been repainted; the gardens, front and back had been tidied up and made safe. People were involved in gardening and were pleased with what they had done. Internal parts of the service had also been redecorated and re-furbished. The registered manager knew that there was work left to do and staff were in the process of decorating a person's bedroom in the way that the person had chosen.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.